2001 UNIFORM BUSINESS REPORT (UBR)

Jan 26, 2001 8:00 am DOCUMENT # P94000059216 **Secretary of State** 1. Entity Name N J UNITED, INC. 01-26-2001 90146 049 ***150.00 Principal Place of Business Mailing Address 4780 OKEECHOBEE BLVD 4780 OKEECHOBEE BLVD WEST PALM BEACH FL 33417 WEST PALM BEACH FL 33417 CUU1U149 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0505923 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAVDAS, NARAYAN J Street Address (P.O. Box Number is Not Acceptable) 4780 OKEECHOBEE BLVD WEST PALM BEACH FL 33417 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 🛶 FILE-NOW!!!:FEE.IS.\$150.00____ 9. This corporation is eligible to satisfy its intangible -10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME SAVDAS, NARAYAN J NAME STREET ADDRESS STREET ADDRESS 836 CINNAMON RD CITY-ST-ZIP CITY-ST-ZIP N PALM BEACH FL 33408 TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME SAVDAS, JYOTSNA N NAME STREET ADDRESS STREET ADDRESS 836 CINNAMON RD CITY-ST-ZIP CITY-ST-ZIP N PALM BEACH FL 33408 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE

CÎTY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

te Daytime Phone #